

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581085

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	1		1		1	
4	1		1		1	
5	4		1		1	
6	4		1		1	
7	4		1		1	
8	7		1		1	
9	4		1		1	
10	4		1		1	
11	4		1		1	
12	4		1		1	
13	4		1		1	
14	4		1		1	
15	4		1		1	
16	4		1		1	
17	11		1		1	
18	4		1		1	
19	4		1		1	
20	4		1		1	
21	1		1		1	
22	1		1		1	
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TOTAL IND.	4		4			
TOTAL DEP.	67	←	19	←		
TOTAL CLAIMS	71		23			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←		←	
TOTAL CLAIMS						